

# Implementation of New Specimen Submission Form

Effective February 3, 2003, the State Laboratory Institute implemented the use of a new single Specimen Submission Form (**SS-SLI-1-03**), which replaced more than 30 disease and agent specific forms used in the past. This form is to be used for all requests for **human testing** except for Blood Lead and West Nile Virus.

A pilot study was conducted to pre-test the form over an eight- week period at the following sites:

- Lahey Clinic, Burlington, MA
- Massachusetts General Hospital, Bacteriology Laboratory, Boston, MA
- Massachusetts General Hospital, Chelsea Care Center, Chelsea, MA
- Addison Gilbert Hospital, Gloucester, MA
- Beverly Hospital, Beverly, MA
- Health Quarters Lynn, Lynn, MA

Over 300 samples were submitted using the new requisition form from the above sites during the study. Recommendations and comments from the pilot sites, the State Laboratory Institute and members of the State Laboratory Requisition Work Group were included in the overall evaluation of this form.

Laboratories in Massachusetts were mailed a start-up supply of the new Specimen Submission Form along with an introductory letter and examples of completed forms to be used for training at each facility. **Please discard all of the old requisition forms except those used for Blood Lead and West Nile Virus testing and those for testing animal or food samples.** Examples of completed Specimen Submission Forms for reference included:

- TB Laboratory
- Bacteriology and STD Laboratories
- Viral Serology Laboratory
- Viral Isolation Laboratories

If your laboratory has not yet received an introductory letter and start-up supply of forms, call **1-617-983-6603** and place an order for the number of forms required. Specimen collection kits provided by the State Laboratory Institute will contain the new form along with updated sample collection instruction forms in the future. In the interim discard the old submission forms from any existing test kits you may have on hand and use the new form for sample submission. If you have any questions regarding the use of the new form, contact one of the following people:

- TB Laboratory - Irene George at 617-983-6375
- Bacteriology and STD Laboratories – Alan Borne or Jacqueline Hankerson at 617-983-6600
- Viral Serology and Viral Isolation Laboratories - Karen Chen at 617-983-6396
- Information regarding sample test kits - Stephen Ridley at 617-983-6205
- General questions regarding the form - Margaret DiNatale at 617-983-6243
- Packing and shipping specimens for transport - Phyllis Madigan at 617-983-6656

For a complete listing of specimen collection kits provided along with phone and fax numbers for ordering see the SLI [Manual of Test and Services](#), (Test Kits, page 95) at [www.state.ma.us/dph/bls/manual/Blsmts.htm](http://www.state.ma.us/dph/bls/manual/Blsmts.htm).

Most Frequently Asked Questions and Responses:

1. Can the new SLI Specimen Submission Form be used for Toxoplasma test requests?  
No, the Newborn Screening Program requisition for Toxoplasma Antibody Testing must be used for these specimen submissions. These requisitions are to be ordered by calling the New England Regional Newborn Screening program at 617-983-6300. Visit their website at [www.umass.edu/nbs](http://www.umass.edu/nbs) for a complete listing of tests.
2. What fields on the requisition need to be completed for a Pertussis culture or a G.C culture?  
Refer to the example requisition entitled "Bacteriology request for an original specimen". This example requisition was included in the mailing with the introductory letter. For both test requests, complete sections 1,2,3,4,5 and 7.
3. What phone number should be called to order additional Specimen Submission Forms SS-SLI-1-03?  
Call **1-617-983-6603** and place an order for the number of forms required.

4. When a doctor's office sends a patient to a local hospital for collection of a specimen that will be sent to the SLI, should the doctors' office or the hospital complete the new Specimen Submission Form?  
**Note:** No specimen should be submitted for testing at the SLI without a Specimen Submission Form. The doctor's office and the hospital will need to decide who will complete the requisition and where the test results should be sent.
5. In clinics where patients are seen and treated by Nurse Practitioners and Registered Nurses, what information should be entered in the Physician Contact field?  
**Note:** The Provider Information (section #1) must be filled in on all requisition forms submitted. The Nurse Practitioner or Registered Nurse should complete the Provider Field (section #1). A Clinic may decide to leave the Physician Contact (section # 3) blank if no physician is actively involved in the treatment of the patient.
6. Can the form be copied?  
Yes, however please ensure that the copy is legible and that no sections are cut off or missing. We hope to have the form on our website in the near future.

# Specimen Submission Form

STATE LABORATORY INSTITUTE

305 South Street

Jamaica Plain, MA 02130-3597

Tel. 617-983-6200

Do not use this space

General Form

PLEASE PRINT

DO NOT ABBREVIATE

<b>1. PROVIDER INFORMATION</b>		<b>2. PATIENT INFORMATION</b>																										
Name _____		Name: Last _____ First _____ Initial _____																										
Address: No./Street _____		Address: No./Street/Apt # _____																										
City/Town _____ State _____ Zip Code _____		City/Town _____ State _____ Zip Code _____																										
Phone Number: ( ) _____		Patient ID No: _____																										
<b>3. PHYSICIAN/CONTACT</b>		<b>4. Sex</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other <b>Date of Birth</b> (mm/dd/yyyy) ____/____/____																										
Phone Number: ( ) _____		<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino																										
<b>5. TEST REQUESTED:</b> _____ <b>DISEASE SUSPECTED:</b> _____ Date of Onset (mm/dd/yy) _____ <input type="checkbox"/> Identification <input type="checkbox"/> Isolation <input type="checkbox"/> Typing (-----Complete Section 7-----) <input type="checkbox"/> Serology (Complete Section 6 ) <input type="checkbox"/> Other (specify) _____ Reason: <input type="checkbox"/> Symptomatic <input type="checkbox"/> Confirmation <input type="checkbox"/> Surveillance <input type="checkbox"/> Immunity <input type="checkbox"/> Test of Cure		<b>Race</b> (check one) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other																										
		<b>6. SEROLOGY:</b> <input type="checkbox"/> Serum <input type="checkbox"/> Spinal Fluid <input type="checkbox"/> Acute <input type="checkbox"/> Convalescent <input type="checkbox"/> Late Convalescent Date Collected (mm/dd/yyyy) ____/____/____																										
<b>7. CULTURE: Specimen submitted is:</b> (mm/dd/yyyy) _____ <input type="checkbox"/> Original Material. Date Collected: ____/____/____ <input type="checkbox"/> Subculture. Date Subculture Made: ____/____/____ <b>Source of Specimen:</b> <table border="0"><tr><td><input type="checkbox"/> Anal Canal</td><td><input type="checkbox"/> Nasopharynx</td><td><input type="checkbox"/> Spinal Fluid</td><td><input type="checkbox"/> Urethra</td><td><input type="checkbox"/> Bronchus (site) _____</td></tr><tr><td><input type="checkbox"/> Blood</td><td><input type="checkbox"/> Pharynx</td><td><input type="checkbox"/> Sputum</td><td><input type="checkbox"/> Urine</td><td><input type="checkbox"/> Wound (site) _____</td></tr><tr><td><input type="checkbox"/> Cervix</td><td><input type="checkbox"/> Plasma</td><td><input type="checkbox"/> Stool</td><td><input type="checkbox"/> Vulva (child)</td><td><input type="checkbox"/> Exudate (site) _____</td></tr><tr><td><input type="checkbox"/> Gastric</td><td><input type="checkbox"/> Serum</td><td><input type="checkbox"/> Throat</td><td></td><td><input type="checkbox"/> Tissue (specify) _____</td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/> Other (specify) _____</td></tr></table> <input type="checkbox"/> Has specimen been treated? <input type="checkbox"/> Yes <input type="checkbox"/> No Specify Method _____				<input type="checkbox"/> Anal Canal	<input type="checkbox"/> Nasopharynx	<input type="checkbox"/> Spinal Fluid	<input type="checkbox"/> Urethra	<input type="checkbox"/> Bronchus (site) _____	<input type="checkbox"/> Blood	<input type="checkbox"/> Pharynx	<input type="checkbox"/> Sputum	<input type="checkbox"/> Urine	<input type="checkbox"/> Wound (site) _____	<input type="checkbox"/> Cervix	<input type="checkbox"/> Plasma	<input type="checkbox"/> Stool	<input type="checkbox"/> Vulva (child)	<input type="checkbox"/> Exudate (site) _____	<input type="checkbox"/> Gastric	<input type="checkbox"/> Serum	<input type="checkbox"/> Throat		<input type="checkbox"/> Tissue (specify) _____					<input type="checkbox"/> Other (specify) _____
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				<input type="checkbox"/> Other (specify) _____																								
<b>8. For VIRUS SEROLOGY and VIRUS ISOLATION ONLY - PLEASE PROVIDE THE FOLLOWING INFORMATION:</b> Symptoms and Duration _____ _____ Travel History (and dates of travel) _____ Animal/Arthropod Contact (specify) _____ Previous Laboratory Results _____ Relevant Immunizations (give dates) _____ Additional Information: _____ _____																												

**INSTRUCTIONS:** If a section does not apply to a given situation, write N/A (not applicable). For more information on SLI testing, see the SLI Manual of Tests and Services at <http://www.state.ma.us/dph/bls/manual/Blsmts.htm> **FORM-SS-SLI-1-0**